



STATE PROCUREMENT OFFICE
NOTICE & REQUEST FOR SOLE SOURCE

'11 SEP 22 P12:00

STATE PROCUREMENT OFFICE
STATE OF HAWAII

TO: Chief Procurement Officer

FROM: Health/Maui District Health Office/Public Health Nursing
Name of Requesting Department

Pursuant to HRS §103D-306, and Subchapter 9, HAR Chapter 3-122, the Department requests sole source approval to purchase the following:

1. Describe the goods, services, or construction to be procured.

Chest x-ray services to include 1) single view: Posterior-Anterior (PA), Left Lateral, Lordotic, or other single view as requested by TB Chest Clinic Physician, and 2) double view chest x-rays, as requested. Copy (CD) of chest x-ray to be made available.

2. Vendor/Contractor Name: Lanai Community Hospital

3. Amount of Request:

\$ 13,250

4. Term of contract (shall not exceed 12 months), if applicable:

5. Prior Sole Source Ref No.:

From: 9/1/2011 To: 8/30/2012

6. Features: Describe in detail the unique features, characteristics, or capabilities of the goods, services or construction.

No other radiology vendor on island. All health providers on island refer to Lanai Community Hospital for radiology services.

7. Essential features: Describe in detail how the unique features, characteristics, or capabilities of the goods, services, or construction are essential for the department to accomplish its work.

Copies of chest x-rays (CD) which are picked up by the DOH staff on island and mailed to Maui Chest Clinic or, if necessary, to TB Program on Oahu is the current method of providing TB Chest x-ray services on island of Lanai.

8. Describe the efforts and results in determining that this is the only vendor/contractor who can provide the goods, services or construction.

PHN Supervisor has spoken to other providers on the island of Lanai who have confirmed that Lanai Community Hospital is the only provider of such service on the island and have been for years. The community is too small to have a secondary source to provide basic radiology services so all providers work with the one on island as they have been for years.

9. Alternate source. Describe the other possible sources for the goods, services, or construction that were investigated but did not meet the department's needs.

There is no other provider of radiology services on the island of Lanai.

10. Identify the primary individual(s) who is knowledgeable about this request, who will conduct and manage this process, and has 1) appropriate written delegated procurement authority; and 2) completed mandatory training.

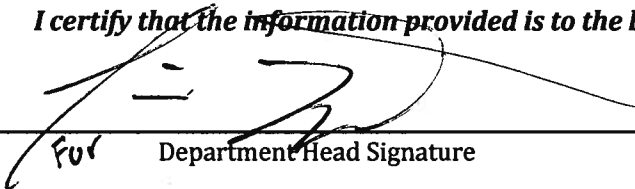
(Type over "example" and delete cells not used.)

Name of Department Personnel	Division/Agency	Phone Number	e-mail address
Brian Takahashi	MDHO	984-8208	brian.takahashi@doh.hawaii.gov
Lizabeth "Gigi" Olsten	MDHO/PHN	984-8260	lizbeth.olsten@doh.hawaii.gov

Department shall ensure adherence to applicable administrative and statutory requirements, including HAR Chapter 3-122, Subchapter 15, Cost or Price Data if required.

All requirements/approvals and internal controls for this expenditure is the responsibility of the department.

I certify that the information provided is to the best of my knowledge, true and correct.


For Department Head Signature

SEP 22 2011

Date

For Chief Procurement Officer Use Only

11. Date Notice Posted:

9/23/11

Submit written objection to this notice to issue a sole source contract within seven calendar days or as otherwise allowed from date notice posted to:

Chief Procurement Officer
State of Hawaii
P.O. Box 119
Honolulu, HI 96810-0119

12. Chief Procurement Officer (CPO) Comments:

This request is being returned with no action required by the SPO as procurements between government agencies are not subject to the requirements of HRS Chapter 103D, pursuant to HRS 103D-102(b)(2)(G) and 103D-102(b)(3).

☐ Approved

☐ Disapproved

☒ No Action Required

Alma S. Fajana
Chief Procurement Officer Signature

10/31/2011
Date

NEIL ABERCROMBIE
GOVERNOR OF HAWAII




LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

September 12, 2011

TO: Deputies, Division Chiefs, Staff Officers, District Health Officers and
Administrators of Attached Agencies

FROM: Loretta J. Fuddy, A.C.S.W., M.P.H. 
Director of Health

SUBJECT: Absence from Office

I will be out of state to attend Region IX State Health Officials Meeting in San Francisco on September 22-25, 2011, and returning to the office on Monday, September 26, 2011.

In my absence, Deputy Director Keith Yamamoto will provide coverage through my secretary, Julie Aquino at 586-4410.

Thank you.

Promoting Lifelong Health & Wellness